

## TRAVEL EXPENSE CLAIM

STD 262 (REV 10/92)

See Instructions and \*Privacy

Statement On Reverse Side

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CLAIMANT'S NAME William S. Haraf		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Department of Financial Institutions	
POSITION Commissioner	CB/ID NUMBER	DIVISION OR BUREAU Executive Division		INDEX NUMBER	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 45 Fremont Street, Suite 1700		TELEPHONE NUMBER (415) 263-8507	
CITY CA	STATE CA	ZIP CODE 94105	CITY San Francisco	STATE CA	ZIP CODE 94105

(1) MONTH/YEAR			(3)	(4)	(5)	MEALS			(6)	(7)	TRANSPORTATION				(8)	(9)
April 09		LOCATION		LODGING	BREAK-FAST	LUNCH	O.T.,L/T., N/C,RELO OR DINNER	INCIDEN- TALS	(A)  COST OF TRANS	(B)  TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES  FOR DAY	
WHERE EXPENSES WERE INCURRED		MILES      AMOUNTS														
DATE	TIME															
4/1		Transit Subsidy							65.00						65.00	
4/2	0500	Mill Valley/San Diego and return			6.00	10.00			4.00	Toll/P	16.00	72	39.60		75.60	
4/14	0500	Mill Valley/Sacramento		134.93		10.00	18.00			P	17.00				179.93	
4/15	1900	Sacramento/Mill Valley			6.00	10.00	18.00	6.00		RC				23.50	63.50	
4/22	0700	Mill Valley/Sacramento and return								RC/P	10.50			26.00	36.50	
4/24	0500	Mill Valley/OAK/Los Angeles and return			6.00	10.00			109.00	Toll/ Taxi/P	16.00	72	39.60		180.60	
4/29	0500	Mill Valley/OAK/Los Angeles and return			6.00	10.00			112.00	Toll/ Taxi/P	16.00	72	39.60		183.60	
4/30	0700	Mill Valley/Sacramento and return								RC				26.00	26.00	
COLUMN CODE (ACCTG. USE ONLY)																